

FAMILY HOUSING QUESTIONNAIRE							REPORT CONTROL SYMBOL																																																											
(Please read the INSTRUCTIONS and PRIVACY ACT STATEMENT on reverse before completing this questionnaire)																																																																		
1. NAME (Print below)																																																																		
			Last		First		M. Initial																																																											
2. LOCAL ADDRESS - THIS IS THE ADDRESS WHERE YOU ARE LIVING WITH YOUR FAMILY, IF YOUR FAMILY IS NOT WITH YOU, INDICATE BACHELOR ENLISTED QUARTERS, SHIP, BOQ, OR WHATEVER IS APPROPRIATE.																																																																		
3.a. ORGANIZATION (Include Name and Unit Number. You may use abbreviations.)																																																																		
b. DUTY PHONE NUMBER																																																																		
4. SOCIAL SECURITY NUMBER																																																																		
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5. PAY GRADE (Put an X in appropriate box)																																																																		
OFFICER			ENLISTED			CIVILIAN																																																												
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6. ARE YOU MARRIED?																																																																		
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7. DEPENDENTS (DO NOT INCLUDE YOUR SPOUSE)																																																																		
FOR PURPOSES OF THIS SURVEY, A <u>DEPENDENT</u> IS SOMEONE WHO COUNTS TOWARD YOUR B.A.Q. PAYMENT AND WHO WOULD NORMALLY LIVE WITH YOU.																																																																		
<table><tr><td>NUMBER</td><td>AGE</td><td>SEX</td></tr><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td></tr><tr><td>5</td><td></td><td></td></tr><tr><td>6</td><td></td><td></td></tr><tr><td>7</td><td></td><td></td></tr><tr><td>8</td><td></td><td></td></tr></table>											NUMBER	AGE	SEX	1			2			3			4			5			6			7			8																															
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Age should be to the nearest whole year. Use "M" for male and 7" for female. List 8 dependents only.																																																																		
8. IS YOUR FAMILY LIVING WITH YOU AT THE LOCAL ADDRESS YOU GAVE IN ITEM 2?																																																																		
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9. FOR THOSE OF YOU WHO ANSWERED 8b. OR 8c. AND CONSIDERING YOUR PRESENT SITUATION, WOULD YOU CHOOSE?																																																																		
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IF YOU ARE NOT PRESENTLY ACCOMPANIED BY YOUR FAMILY IN THE AREA, YOU HAVE FINISHED THE QUESTIONNAIRE. PLEASE SIGN YOUR NAME AND ENTER THE DATE ON LINE 19.																																																																		
10. NUMBER OF BEDROOMS - HOW MANY BEDROOMS ARE THERE IN THE HOUSING WHERE YOU LIVE?																																																																		
11. TYPE OF HOUSING - IN WHAT TYPE OF HOUSING ARE YOU NOW LIVING? (SELECT ONE ONLY)																																																																		
<table><tr><td>6</td><td></td></tr><tr><td>7</td><td></td></tr><tr><td>6</td><td></td></tr><tr><td>5</td><td></td></tr><tr><td>4</td><td></td></tr><tr><td>1</td><td></td></tr></table>			6		7		6		5		4		1		I LIVE IN MILITARY HOUSING (Forfeit all B.A.O.) I LIVE IN MILITARY HOUSING OFFICIALLY DECLARED INADEQUATE (Forfeit any or all B.A. O.) I'M LIVING IN HUD MILITARY PREFERENCE HOUSING (Section 236) I OWN OR AM BUYING A MOBILE HOME I OWN OR AM BUYING A HOUSE I'M RENTING OFF-BASE CIVILIAN HOUSE, APARTMENT OR MOBILE HOME																																																			
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12. CONSIDERING YOUR PRESENT SITUATION, WOULD YOU CHOOSE TO																																																																		
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13. NUMBER OF MILES - HOW MANY MILES IS IT ONE WAY FROM YOUR LOCAL HOME TO YOUR DUTY STATION (Nearest mile)																																																																		
14. TRAVEL TIME - HOW LONG DOES IT TAKE YOU TO TRAVEL ONE WAY FROM YOUR LOCAL HOME TO YOUR DUTY STATION (Put an X in appropriate box)																																																																		
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15. AVERAGE MONTHLY HOUSING COSTS - HOW MUCH DOES YOUR HOUSING COST YOU ON THE AVERAGE PER MONTH? (If you live in military housing enter 0000 in the boxes below.) WHEN ADDING UP YOUR HOUSING COST, INCLUDE THE FOLLOWING ITEMS WHEN THEY APPLY TO YOU																																																																		
Rent or mortgage payment Property taxes Property insurance Utilities (heat, light, water, trash) Average maintenance costs DO NOT INCLUDE TELEPHONE BILLS																																																																		
TAKE THIS AMOUNT TO THE NEAREST DOLLAR AND PRINT IT IN THE BOXES BELOW. IF YOUR AVERAGE MONTHLY HOUSING COST IS \$355, THE CORRECT FIGURE TO PUT IN THE BOXES IS																																																																		
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16. CONSIDERING YOUR PRESENT INCOME AND THE LOCAL COMMUNITY, DO YOU FEEL THAT THE HOUSING YOU NOW LIVE IN IS SUITABLE OR UNSUITABLE?																																																																		
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17. IF YOU OWN OR ARE BUYING A HOUSE OR MOBILE HOME, DID YOU CHOOSE HOME OWNERSHIP TO PREVENT SEPARATION FROM YOUR FAMILY?																																																																		
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18. IF YOU OWN OR ARE BUYING A MOBILE HOME AND IN QUESTION 16 YOU INDICATED IT WAS UNSUITABLE FOR ONE OR MORE REASONS, WHAT DID YOU BASE YOUR RESPONSE ON?																																																																		
<table><tr><td>1</td><td></td></tr><tr><td>2</td><td></td></tr><tr><td>3</td><td></td></tr></table>			1		2		3		THE MOBILE HOME ITSELF THE MOBILE HOME PARK ONLY BOTH																																																									
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19. SIGNATURE AND DATE																																																																		
<table><tr><td colspan="7">SIGNATURE</td><td colspan="4">DATE (YYMMDD)</td></tr></table>											SIGNATURE							DATE (YYMMDD)																																																
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DD Form 1376, JAN 81 (EG)

Designed using Perform Pro, WHS/DIOR, Mar 97

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

(Do not write in this space)					
CONFIRM		1	REVERSE		2

INSTRUCTIONS

Use a pencil to complete the questionnaire. Print in the answers to the first four questions. For the remainder of the questions, fill in the answer, or place an "X" in the box, as appropriate.

EXAMPLE - NUMBER OF BEDROOMS - How many bedrooms are there in the housing where you live?

3
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ARE YOU MARRIED?

2	X	YES
1		NO (Includes widowed, divorced, single, legally separated)

If you want to change an answer, be sure to erase completely. If a question does not apply to you, skip it and move to the next one.

PRIVACY ACT STATEMENT

FOR

DD Form 1376 (81 Jan) - "FAMILY HOUSING QUESTIONNAIRE"

This statement is provided in compliance with the provisions of the Privacy Act of 1974

(PL 93-579) which require that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

- 1. **AUTHORITY:** Annual Military Construction Authorization and Appropriation Acts.
- 2. **PRINCIPAL PURPOSE(S):** To obtain information to determine whether the programming of military family housing is necessary at an installation.
- 3. **ROUTINE USE(S):** Used with questionnaire forms filled out by other individuals to assist in determining the need for the programming of military family housing at an installation, and the extent of this need - number of units, rank, and grade types, and bedroom distribution.
- 4. **MANDATORY OR VOLUNTARY DISCLOSURE:** Voluntary. No effect on the individual if information is not provided. Further, the SSN, which is used for identification purposes, does not have to be disclosed and disclosure or nondisclosure will not affect the questionnaire.